U.S. Department of Labor Employment Standards Administration Office of Labor-Management Standards Washington, DC 20210

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FORM LM-2 LABOR ORGANIZATION ANNUAL REPORT

MUST BE USED BY LABOR ORGANIZATIONS WITH \$200,000 OR MORE IN TOTAL ANNUAL RECEIPTS AND LABOR ORGANIZATIONS IN TRUSTEESHIP

530

Form Approved Office of Management and Budget No. 1215-0188 Expires: 11-30-2002

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.							
For Official Use Only 1. FILE NUMBER 2. PERIOD							
S Recd 9	MO DAY YEAR filed report, check here:						
(1222277) [5 3 1 - 7 1 5] From	0 1 0 1 2 0 0 1 (b) TERMINAL — If your organization ceased to exist and this is its terminal report, see Section XII of the instructions and check here:						
E Ous Des	1 2 3 1 2 0 0 1 (c) SUBSIDIARY — If this is a report for a subsidiary organization of your union as defined in Section X of the instructions, check here:						
	8. MAILING ADDRESS						
	First Name						
·	JAMES						
	Last Name						
DUPONT							
	DO De Districte de Contractor						
	P.O. Box · Building and Room Number (if any)						
4. AFFILIATION OR ORGANIZATION NAME							
HOTEL EMPL, RESTAURANT EMPL AFL-CIO	Number and Street						
5. DESIGNATION (Local, Lodge, etc.) 6. DESIGNATION NUMBER	548 - 20TH STREET						
LU 2850	City						
7. UNIT NAME (if any)	OAKLAND						
1. State (it any)	OAREARB						
	State ZIP Code + 4						
9. Are your organization's records kept at its mailing address? Yes No [C A 9 4 6 1 2 -						
75. ADDITIONAL INFORMATION							
Item Number							
Each of the undersigned, duly authorized officers of the above labor organization, declares, under accompanying documents) has been examined by the signatory and is, to the best of the undersi	the applicable penalties of law, that all of the information submitted in this report (including the information contained in any gned's knowledge and belief, true, correct, and complete. (See Section VI on penalties in the instructions.)						
76. PRESIDE							
SIGNED: (If other	title, (If other title,						
	ructions.) $\frac{2-11-0y}{50-693-58}$ see instructions.)						
Date Telephone Number Form LM-2 (Revised 2000)	Date Telephone Number 2 _ 1 Page 1 of 12						
·	2 - 1 Page 1 of 12						

FILE NUMBER:	5	3	1	_	7	1	5

During the Reporting Period Did Your Organization:			18. How many members did your
10. Have a "subsidiary organization" as defined in	Yes	No X	organization have at the end of the 2 1 7 1 reporting period?
Section X of the instructions?	L. J		19. What is the date of your organization's next regular election of officers? MO YEAR 0 4 2 0 0 3
11. Create or participate in the administration of a trust or other fund or organization, as defined			20. What is the maximum amount recoverable
in the instructions, which provides benefits for members or their beneficiaries?	X		under your organization's fidelity bond for a loss caused by any officer or \$ 5.00000
			employee of your organization?
12. Have a political action committee (PAC) fund?		X	21. What are your organization's rates of dues and fees? (Enter a minimum and maximum if more than one rate
13. Acquire or dispose of any goods or property in			applies for any line.) Rates of Dues and Fees
any manner other than by purchase or sale?		X	(a) Regular Dues/Fees \$ 27.30-35.10 per MONTH (Month, Year, etc.)
14. Have an audit or review of its books and records			(b) Initiation Fees \$
by an outside accountant or by a parent body auditor/representative?	X		(c) Transfer Fees \$
15. Discover any loss or shortage of funds or	 1		(d) Work Permits 2.50 & 3.00 per EVENT (Month, Year, etc.)
other property?(Answer "Yes" even if there has been repayment		X	22. During the reporting period, did your organization
or recovery.)			have any changes in its constitution and bylaws Yes No
16. Have any officer who was paid \$10,000 or more			procedures listed in the instructions?
by your organization and also received \$10,000 or more as an officer or employee of another labor organization or of an employee benefit plan?		X	(If the constitution and bylaws or practices/ procedures have changed, see the instructions.)
17. Liquidate or reduce any liabilities without disbursement of cash?		X	23. Were any of your organization's assets pledged as security or encumbered in any other way at the end of the reporting period?
			24. Did your organization have any contingent liabilities at the end of the reporting period?
(If the answer to any of the above questions is "Yes," pro in Item 75 as explained in the instructions for each item.)		tails	(If the answer to Item 23 or 24 is "Yes," provide details in Item 75.)

Complete Schedules 1 Through 15 Before Completing Statement A

Enter Amounts in Dollars Only -- Do Not Enter Cents

	ASSETS Item	From SCH #	Start of Reporting Period (A)	End of Reporting Period (B)
	25. Cash		5 2 4 9 0	1 2 3 5 1 4
	26. Accounts Receivable		0	0
STI STI	27. Loans Receivable	1	0	4 6 0 0
ASSETS	28. U.S. Treasury Securities		0	0
	29. Investments	2	4 5 5 8	3 6 8 0
	30. Fixed Assets	5	1 7 8 7 9 1	1 6 7 3 6 1
	31. Other Assets	3	4 1 1 4	3 2 0 0
	32. TOTAL ASSETS		2 3 9 9 5 3	3 0 2 3 5 5
	LIABILITIES Item	From SCH #	Start of Reporting Period (C)	End of Reporting Period (D)
	33. Accounts Payable		1 8 2 3 9	1 9 2 3 0
les	34. Loans Payable	8	0	0
LIABILITIES	35. Mortgages Payable		3 1 2 6 4 3	3 0 9 5 4 8
LIA	36. Other Liabilities	4	2 5 0 0 0	5 2 8 2 2
1 1 1 1	37. TOTAL LIABILITIES		3 5 5 8 8 2	3 8 1 6 0 0
	38. NET ASSETS (Item 32 less Item 37)		- 1 1 5 9 2 9	- 7 9 2 4 5

Complete Schedules 1 Through 15 Before Completing Statement B

Enter Amounts in Dollars Only -- Do Not Enter Cents

CASH RECEIPTS	From SCH #	AMOUNT	CASH DISBURSEMENTS Item	From SCH #	AMOUNT
39. Dues		969595	56. To Officers	9	5 7 4 4 3
40. Per Capita Tax		0	57. To Employees	10	165169
41. Fees		7 5 0 7 9	58. Per Capita Tax		360609
42. Fines		0	59. Fees, Fines, Assessments, etc		0
43. Assessments		0	60. Office & Administrative Expense	13	1 1 5 6 2 2
44. Work Permits		0	61. Educational & Publicity Expense		0
45. Sale of Supplies		0	62. Professional Fees		5 3 1 2 4
46. Interest		9 0 5	63. Benefits	11	7 2 3 9 7
47. Dividends		4 3 7	64. Contributions, Gifts & Grants	12	2 3 7 1 9
48. Rents		0	65. Supplies for Resale		0
49. Sale of Investments & Fixed Assets	6	0	66. Direct Taxes	:	3 0 2 8 2
50. Loans Obtained	8	0	67. Withholding Taxes		6 4 2 0 8
51. Repayments of Loans Made	1	3 4 0 0	68. Purchase of Investments & Fixed Assets	7	0
52. On Behalf of Affiliates for Transmittal to Them		0	69. Loans Made	1	8000
53. From Members for Disbursement on Their Behalf,		0	70. Repayment of Loans Obtained	8	0
54. Other Receipts	14	7 2 4 8 5	71. To Affiliates of Funds Collected on Their Behalf		0
•			72. On Behalf of Individual Members		0
			73. Other Disbursements	15	1 0 0 3 0 4
55. TOTAL RECEIPTS		1 1 2 1 9 0 1	74. TOTAL DISBURSEMENTS		1 0 5 0 8 7 7

Enter Amounts in Dollars Only -- Do Not Enter Cents

SCHEDULE 1 - LOANS RECEIVABLE

List below loans to officers, employees, or members which at any time during the reporting	Loans		Repayments Recei	ved During Period	Loans
period exceeded \$250 and list all loans to business enterprises regardless of amount. (A)	Outstanding at Start of Period (B)	Loans Made During Period (C)	Cash (D)(1)	Other Than Cash (D)(2)	Outstanding at End of Period (E)
Name: ANDREW LEE Purpose: TO PURCHASE AUTO Security: NONE Terms: PAYROLL W/H	0	2000	2000	0	0
2. Name: CARMEN RODRIGUEZ Purpose: TO PURCHASE AUTO Security: NONE Terms: PAYROLL W/H	0	2 0 0 0	4 0 0	0	1 6 0 0
3. Name: WEI-LING HUBER Purpose: FOR AUTO REPAIRS Security: NONE Terms: PAYROLL W/H	0	2000	1 0 0 0	0	1 0 0 0
4. Totals from additional pages (if any)	0	2 0 0 0	0	0	2000
5. Totals of loans not listed above	0	0	0	0	0
6. Totals of Lines 1 through 5	0	8000	3 4 0 0	0	4 6 0 0
The totals from Line 6 are entered in	Item 27 Column (A)	ltem 69	ltem 51		

SCHEDULE 2 - INVESTMENTS (OTHER THAN U.S. TREASURY SECURITIES)

FILE NUMBER: 5 3 1 - 7 1 5

SCHEDULE 3 - OTHER ASSETS

Description (A)	Amount (B)	Description (A)	Book Value (B)
Marketable Securities		1. LOAN FEE	3 2 0 0
1. Total Cost	6629	2.	
2. Total Book Value	3 6 8 0	3.	
3. List each marketable security which has a book value over \$1,000 and exceeds 20% of Line 2.		4.	
(a) BOYKIN LODGING COMPANY	1 1 1 6	5.	
(b) FELCOR LODGING TRUST	1 7 5 5	6. Total from additional pages (if any)	
(c)		7. Total of Lines 1 through 6	3 2 0 0
(d)		The total from Line 7 is entered in	Item 31, Column (B)
Other Investments 4. Total Cost	0	SCHEDULE 4 - OTHER	LIABILITIES
5. Total Book Value	0	Description (A)	Amount at End of Period (B)
List each other investment which has a book value over \$1,000 and exceeds 20% of Line 5. Also list each subsidiary for which separate reports are attached.		1. PER CAPITA TAX	5 2 8 2 2
(a) None	0	2.	
(b)		3.	
(c)		5.	
(d)		0.	
(e) Total from additional pages (if any)		6. Total from additional pages (if any)	
7. Total of Lines 2 and 5	3 6 8 0	7. Total of Lines 1 through 6	5 2 8 2 2
The total from Line 7 is entered in		The total from Line 7 is entered in	
orm LM-2 (Revised 2000)	2 - (Page 6 of 1

SCHEDULE 5 - FIXED ASSETS

FILE NUMBER: 5 3 1 - 7 1 5

Description (A)	Cost or Other Basis (B)	Total Depreciation or Amount Expensed (C)	Book Value (D)	Fair Market Value (E)
1. Land (give location): 548- 20TH ST. OAKLAND, CA	47500		47500	0
2. Totals from additional pages (if any)				
3. Buildings (give location): 548- 20TH ST. OAKLAND, CA	204057	9 4 4 1 0	109647	0
4. Totals from additional pages (if any)				
5. Automobiles and Other Vehicles	0	0	0	0
6. Office Furniture and Equipment	98754	88540	10214	0
7. Other Fixed Assets	0	0	0	0
8. Totals of Lines 1 through 7	350311	182950	167361	0
The total from Line 8, Column (D) is entered in			Item 30, Column (B)	:

SCHEDULE 6 - SALE OF INVESTMENTS AND FIXED ASSETS

Description (if land or buildings, give location) (A)	Cost (B)	Book Value (C)	Gross Sales Price (D)	Amount Received (E)
1. None	0	0	0	0
2.				
3.				
4.				
5. Totals from additional pages (if any)				
6. Totals of Lines 1 through 5	0	0	0	0
	7. Less Reinvestments	· · · · · · · · · · · · · · · · · · ·		0
	8. Net Sales			0
The total from Line 8 is entered in			lte	m 49

SCHEDULE 7 - PURCHASE OF INVESTMENTS AND FIXE	D ASSETS	FILE NUMBER: 5	31-715
Description (if land or buildings, give location) (A)	Cost (B)	Book Value (C)	Cash Paid (D)
1. None	0	0	0
2.			
3.			
4.			
5. Totals from additional pages (if any)			
6. Totals of Lines 1 through 5	0	0	0
	7. Less Reinvestments		0
	8. Net Purchases		0
The total from Line 8 is entered in			item 68

SCHEDULE 8 -- LOANS PAYABLE

Leans Owed at	Loone Obtained	Repayment Made		
Start of Period (B)	During Period (C)	Cash (D)(1)	Other Than Cash (D)(2)	Loans Owed at End of Period (E)
0	0	0	0	0
				
0	0	0	0	(
item 34 Column (C)		Item 70		Item 34 Column (D)
	(B) 0	Start of Period (B) During Period (C) 0 0 0 10 Item 34 Item 50	Loans Owed at Start of Period (B)	Start of Period (B) During Period (C) Cash (D)(1) Other Than Cash (D)(2) 0 0 0 0 0 0 0 0 0 0 0 0 item 34 item 50 item 70 item 70

SCHEDULE 9 - ALL OFFICERS AND DISBURSEMENTS TO OFFICERS

FILE NUMBER: 5 3 1 - 7 1 5

(A) Name (List all persons who held office during the reporting perithey received no salary or other disbursements.)		Gross Salary (before taxes and		Disbursements for Official	Other	
(B) Title (Enter title of officer, such as PRESIDENT or TREASURER.	Status (C)*	other deductions) (D)	Allowances (E)	Business (F)	Disbursements (G)	Total (H)
DUPONT JAMES 1. PRESIDENT	С	0	0	3 4 6 8	C.	3 4 6 8
MITCHELL VINCENT 2. VICE PRESIDENT	С	12749	0	2 1 3	0	12962
RUBYKLINK S. 3. SECTY-TREASURER	С	40300	0	6348	0	46648
SALAZAR WILSON 4. EXEC BOARD	C	٥	O	0	0	0
FAIRBANKS FERN 5. EXEC BOARD	С	0	0	0	0	0
BROWN CORANN 6. REORDING SECTY	С	11500	0	5 7 8	0	12078
HINTZE J. 7. EXEC BOARD	C	0	0	0	0	C
8. Totals from additional pages (if any)		0	0	0	0	0
9. Totals of Lines 1 through 8		6 4 5 4 9	0	10607	0	75156
				10. Less Deduction	3	1 7 7 1 3
The total from Line 11 is entered in			em 56	11. Net Disburseme	ents	5 7 4 4 3
*Code for Status (C): past officer - P; continuing officer - C; new officer	er during the	e reporting period - N.		(if any officer was no your organization's c	t elected at a regular elec onstitution and bylaws, ex	tion in eccordance with plein in Item 75.)

SCHEDULE 10 - DISBURSEMENTS TO EMPLOYEES

FILE NUMBER: 5 3 1 - 7 1 5

OULL IO	NODO! (OEINEIA)	O IO LIVII LO				
(A) Name (List all employees who receive from your organization and an	ed more than \$10,000 in total disburseme v affiliates.)		·	Disbursements for Official	Other	
(B) Position (Enter employee's job title.)		(before taxes and other deductions)	other deductions) Allowances		Disbursements	Total
(C) Name of Affiliated Organizat	On (if applicable)	(D)	(E)	(F)	(G)	(H)
HORTON	BARBARA	3 9 1 9 2	0	8	0	39200
1. CLERICAL						
RAK	c.	40125	0	1 1 5 0 3	0	51628
2. ORGANIZER						
RODRIGUEZ	MARIA	2 4 7 5 0	0	0	0	24750
3. BUSINESS AGENT						
LEE	ANDREW	3 3 8 0 0	0	3793	0	3 7 5 9 3
4. ORGANIZER						
PERLMAN	Ε.	1 1 0 0 0	0	0	0	11000
5. BUSINESS AGENT						
6. Totals from additional pages (if any)						
7. Totals for all employees who, during the \$10,000 or less in total disbursements f any affiliates	reporting period, received rom your organization and	3 5 9 8 1	0	16610	0	52591
8. Totals of Lines 1 through 7		184848	0	31914	0	216762
				9. Less Deductions		5 1 5 9 3
The total from Line 10 is entered in		lte	em 57	10. Net Disbursement	ts 1	6 5 1 6 9
orm I M-2 (Revised 2000)	 	· · · · · · · · · · · · · · · · · · ·				

SCHEDULE 11 - BENEFITS

FILE NUMBER: 5 3 1 - 7 1 5

Description (A)	To Whom Paid (B)		ount			
1. HEALTH AND WELFARE	TRUST FUNDS	3	8	5	4	9
2. PENSION	TRUST FUNDS	2	1	0	7	3
3. DEATH BENEFITS	MEMBER'S BENEFICIARIES		-	5	0	0
4. LOST TIME WAGES	MEMBERS	1	1	5	6	0
5. Total from additional pages (if any)				7	1	5
6. Total of Lines 1 through 5		7	2	3	9	7
The total from Line 6 is entered in			Item	6:		

SCHEDULE 12 - CONTRIBUTIONS, GIFTS & GRANTS

Description (A)	Amo (E				
1. LABOR ORGANIZATIONS		4	0	0	0
2. CIVIC AND CHARITABLE		2	4	5	0
3. POLITICAL		1	4	9	9
4. OTHER	1	5	7	7	0
5.		,			
6.					
7. Total from additional pages (if any)					
8. Total of Lines 1 through 7	2	3	7	1	9
The total from Line 8 is entered in	It	em (34		

SCHEDULE 13 - OFFICE & ADMINISTRATIVE EXPENSE

Description (A)			ount B)	t		
1. TELEPHONE		3	1	3	9	4
2. INSURANCE			8	9	0	5
3. JANITORIAL SERVICE			8	6	2	0
4. POSTAGE			9	7	7	4
5. UTILITIES		1	2	9	5	3
6. PEST CONTROL				5	5	5
7. Total from additional pages (if any)		4	3	4	2	1
8. Total of Lines 1 through 7	······································	1	5	6	2	2
The total from Line 8 is entered in	 	It	em 6	50		

Form LM-2 (Revised 2000)

Page 11 of 12

SCHEDULE 14 - OTHER RECEIPTS

Description (A)			ount 3)	:		••
1. REIMBURSED ADMIN. EXPENSE		3	1	8	6	5
2. FROM INTERNATIONAL FOR INTERNS						0
3. AND ORGANIZERS		1	5	4	7	8
4. RETURNED CHECKS REDEPOSITED			9	8	4	8
5. CITY OF OAKLAND HEART PROGRAM			7	5	6	9
6.REIMBURSED EXPENSE			5	1	8	9
7. INTERNATIONAL BURIAL BENEFITS			•	7	5	0
8. MEMEBER CONTRIBUTIONS TO					•	0
9. BE FORWARDED		·		6	2	4
WRITE OFF OLD OUTSTANDING 10. CHECKS				3	5	4
11. PICKETING, STRIKE FUND AND					·	0
12. OTHER CONTRIBUTIONS				2	9	5
13. VOIDED P/R CHECKS REDEPOSITED				2	4	6
14. W/C INSURANCE DIVIDEND				1	4	7
15. REFUND OF OVERPAID INVOICE					7	5
16. Total from additional pages (if any)					4	5
17. Total of Lines 1 through 16		7	2	4	8	5
The total from Line 17 is entered in Item 54						

SCHEDULE 15 - OTHER DISBURSEMENTS

Description (A)			oun 3)	t		
1.MORTGAGE PAYMENT:						0
2. PRINCIPAL			3	0	9	5
3. INTEREST		2	7	8	2	2
4. NEGOTIATION, MEETING AND						0
5. ORGANIZING EXPENSE		3	9	8	1	7
6.REFUND OF DUES AND FEES	·		4	1	9	8
7.CHECKS RETURNED BY BANK AS						0
8. DISHONORED			9	8	4	8
OTHER P/R DEDUCTIONS 9.FORWARDED			5	0	9	8
10. FILING FEE					1	0
ALLOWANCES & EXPENSE 11. REIMBURSEMEN			5	7	9	1
12.TRANSLATION EXPENSE		,	2	9	3	8
13. COLLECTIONS FOR OTHER LOCALS					7	5
14. CITY LICENSE				1	6	5
15. MEETING HALL RENTAL				1	2	5
16. Total from additional pages (if any)			1	3	2	2
17. Total of Lines 1 through 16	1	0	0	3	0	4
The total from Line 17 is entered in	 	Ite	em `	73		

Form LM-2 (Revised 2000)

Page 12 of 12

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FILE NUMBER:	5	3	1	-	7	1	5

ORGANIZATION NAME: HOTEL EMPL, RESTAURANT EMPL AFL-CIO	_
ENDING DATE OF PERIOD COVERED: 12/31/2001	

SCHEDULE 9 - ALL OFFICERS AND DISBURSEMENTS TO OFFICERS (continued)

(A) Name (List all persons who held office during the reporting period even if they received no salary or other disbursements.)			Gross Salary (before taxes and		Disbursements for Official	Other	
(B) Title (Enter	title of officer, such as PRESIDENT or TREASURER.)	Status (C)*	other deductions) (D)	Allowances (E)	Business (F)	Disbursements (G)	Total (H)
ASGARI I EXEC BOARD	DAVOOD	С	0	0	٥	0	0
RODRIGUEZ (EXEC BOARD	CARMEN	с	0	0	0	0	0
THURSTON F	ELLIOTT	С	0	0	0	0	0
DENNETT S	SUE	С	0	0	0	0	. 0
PENA F EXEC BOARD	RAUL	С	0	0	0	0 .	0
CORRAL C	JOEL.	c	0	0	0	0	0
COOK TRUSTEE	JEFF	С	0	0	0	0	0
<u> </u>							

FILE NUMBER:	5	3	1	-	7	1	5

ORGANIZATION NAME:
HOTEL EMPL, RESTAURANT EMPL AFL-CIO
ENDING DATE OF PERIOD COVERED:
12/31/2001

SCHEDULE 1 – LOANS RECEIVABLE (continued)

List b memi	elow loans to officers, employees, or bers which at any time during the reporting d exceeded \$250 and list all loans to ess enterprises regardless of amount.	Loans Outstanding at Start of Period	Loans Made	Repayments Rece		Loans Outstanding at End of Period
	(A)	Start of Period (B)	During Period (C)	Cash Other Than Cash (D)(1) (D)(2)		End of Period (E)
4.	Name: BEVERLY ORTIZ Purpose: TO PURCHASE AUTO Security: NONE Terms: PAYROLL W/H	0	2000	0	0	2000

ORGANIZATION NAME: HOTEL EMPL, RESTAURANT EMPL AFL-CIO	FILE NUMBER: 5 3 1 - 7 1 5
ENDING DATE OF PERIOD COVERED:	
12/31/2001	

SCHEDULE 11 - BENEFITS (continued)

Description (A)	To Whom Paid (B)	Amount (C)				
DUES FOR MEMBERS (EXCESS OVER WITHHOLDING)						
SUPPLEMENTAL LIFE INSURANCE	TRUST FUNDS	2 8 3				

ORGANIZATION NAME: HOTEL EMPL, RESTAURANT EMPL AFL-CIO

ENDING DATE OF PERIOD COVERED:

12/31/2001

SCHEDULE 13 - OFFICE & ADMINISTRATIVE EXPENSE (continued)

SCHEDOLE 10 OF FIDE		****		-	**	` " '
Description (A)			ount B)			
SCAVENGER			2	1	0	5
BANK P/R PROCESSING SERVICE CH			2	5	1	2
DUES AND SUBSCRIPTIONS				7	6	4
BANK SERVICE CHARGE					2	2
EQUIPMENT REPAIR & MAINTENANCE			7	0	3	0
BLDG. REPAIR MAINTENANCE&SUPPL			2	0	5	3
OFFICE EQUIPMENT LEASE		1	0	1	2	1
PRINTING, STATIONERY&OFFICE SUP		1	8	8	1	4
						•
			····			
						••
	-		 .			
	<u> </u>					

				_		-	
FILE NUMBER:	5	3	1	-	7	1	5

ORGANIZATION NAME:
HOTEL EMPL, RESTAURANT EMPL AFL-CIO
ENDING DATE OF PERIOD COVERED:
12/31/2001

SCHEDULE 14 - OTHER RECEIPTS (continued)

/Lomii i o	1	
Amount (B)		_
-	3	0
	1	5
 		
		
		
	Amount	Amount (B)

· · · · · · · · · · · · · · · · · · ·								1
FILE NUMBER:	5	3	1	-	7	1	5	

ORGANIZATION NAME: HOTEL EMPL, RESTAURANT EMPL AFL-CIO

ENDING DATE OF PERIOD COVERED:

12/31/2001

SCHEDULE 15 - OTHER DISBURSEMENTS (continued)

Description (A)	Amount (B)		
PURCHASE OF T-SHIRTS, ETC. FOR			0
MEMBERS	7	5	6
MEMBER CONTRIBUTIONS TO BE			0
FORWARDED	5	6	6
	<u>.</u>	~	
			
		···	

DRGANIZATION NAME:	7
HOTEL EMPL, RESTAURANT EMPL AFL-CIO	
ENDING DATE OF PERIOD COVERED:	Ī
12/31/2001	i

12/31/200	7
75. AD	DITIONAL INFORMATION
Item Number	
11	HOTEL EMPLOYEES AND RESTAURANT EMPLOYEES HEALTH AND WELFARE TRUST FUND P.O. BOX 16
1	NOVATO, CA 94548
	PURPOSE: TO PROVIDE PENSION AND HEALTH AND WELFARE BENEFITS TO MEMBER PARTICIPANTS.
	HOTEL, RESTAURANT EMPLOYEES & BARTENDERS INTERNATIONAL UNION PENSION PLAN WILLIAM L. MEYERS, INC. (PLAN ADMINISTRATOR)
	29 SOUTH WEBSTER, NAPERVILLE, IL 60566
	PURPOSE: TO PROVIDE PENSION AND HEALTH AND WELFARE BENEFITS TO MEMBER PARTICIPANTS.

ORGANIZATION NAME: HOTEL EMPL, RESTAURANT EMPL AFL-CIO
ENDING DATE OF PERIOD COVERED:
12/31/2001

75. ADDITIONAL INFORMATION(continued)

tem Number	ANTINDEDENDENT AFIDIT MAS DEDECOMED BY DATRICK F. SHILL WAN CERTIFIED DUDG ACCOUNTANT HAVAVADO OA JEODAW
14	AN INDEPENDENT AUDIT WAS PERFORMED BY PATRICK L. SULLIVAN, CERTIFIED PUBLIC ACCOUNTANT, HAYWARD, CALIFORNIA
	ad 2000) 3 - 175

ORGANIZATION NAME:	
LIBERT BLANK BROTALIDANT BLANK	
HOTEL EMPL, RESTAURANT EMPL AFL-CIO	Ĺ
HOTEL LIVIE L, INLO INTO WAT CIVIE LATE-OIL	
- OVERED	i
ENDING DATE OF PERIOD COVERED:	
12/31/2001	
12/01/2001	

75. ADDITIONAL INFORMATION (continued)

Item Number	
23	LAND AND BUILDING AT 548 20TH STREET OAKLAND, CA ARE SECURED BY A FIRST TRUST DEED PAYABLE TO COMMUNITY BANK OF THE BAY.
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RGANIZATION NAME:
OTEL ELEDI DECTALIDANT FAIRL ACL CIO
OTEL EMPL, RESTAURANT EMPL AFL-CIO
NDING DATE OF PERIOD COVERED:
0/24/2004

75. ADDITIONAL INFORMATION (continued)

75. ADDITIONAL INFORMATION (Continued)	
Item Number	
24	EITHER \$500 OR \$1,000 DEATH BENEFIT IS PAYABLE IF A MEMBER HAS UNINTERRUPTED MEMBERSHIP FROM 1975 TO DATE OF DEATH.
	A \$1,200 DEATH BENEFIT IS PAYABLE TO A MEMBER'S BENEFICIARY IF THAT MEMBER WAS RETIRED AS OF JUNE, 1989 AND HIS (OR HER) DUES ARE CURRENT.
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29965 SUGAR MAPLE COURT Hayward, ca 94544

(510) 690-1040 FAX (510) 690-1088

> Hotel Employees and Restaurant Employees Union Local 2850 Oakland, California

schedules of the Hotel Employees and Restaurant Employees Union, Local No. 2850 for the year ended December 31, 2001. This report is the responsibility of the union's management. Our We have audited the Labor Organization Annual Report Form LM-2 and the accompanying responsibility is to express an opinion on this report based on our audit.

States. Those standards require that we plan and perform the audit to obtain reasonable assurance estimates made by management, as well as evaluating the overall financial statement presentation. We conducted our audit in accordance with auditing standards generally accepted in the United about whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant We believe that our audit provides a reasonable basis for our opinion.

only that information required to be presented by the form. Accordingly, the accompanying report The report was prepared on a form prescribed by the Department of Labor and therefore includes is not intended to present financial position and results of operations in conformity with generally accepted accounting principles. This report is intended solely for filing with regulatory agencies and is not intended for any other purpose. In our opinion, the Labor Organization Annual Report (Form LM-2) and accompanying schedules December 31, 2001 presents fairly in all material respects, the information shown therein in of the Hotel Employees and Restaurant Employees Union, Local 2850 for the year ended accordance with the applicable provisions of the form including instructions thereto.

Patrick L. Sullwan

January 24, 2002